

# California Exempt Organization Annual Information Return

Calendar Year 2017 or fiscal year beginning (mm/dd/yyyy) \_\_\_\_\_, and ending (mm/dd/yyyy) \_\_\_\_\_

Corporation/Organization name: **MOUNTAIN COMMUNITIES FIRE SAFE COUNCIL**

California corporation number: **2287764**

FEIN: **91-2161820**

Street address (suite or room): **PO BOX 507**

City: **IDYLLWILD** State: **CA** ZIP code: **92549-0507**

Foreign country name: \_\_\_\_\_ Foreign province/state/county: \_\_\_\_\_ Foreign postal code: \_\_\_\_\_

**A** First Return  Yes  No

**B** Amended Return  Yes  No

**C** IRC Section 4947(a)(1) trust  Yes  No

**D** Final Information Return?  
 Dissolved  Surrendered (Withdrawn)  Merged/Reorganized  
 Enter date: (mm/dd/yyyy) \_\_\_\_\_

**E** Check accounting method: (1)  Cash (2)  Accrual (3)  Other

**F** Federal return filed? (1)  990T (2)  990PF (3)  Sch H (990) (4)  Other 990 series

**G** Is this a group filing? See instructions  Yes  No

**H** Is this organization in a group exemption  Yes  No  
If "Yes," what is the parent's name? \_\_\_\_\_

**I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions  Yes  No

**J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions.  Yes  No

**K** Is the organization exempt under R&TC Section 23701g?  Yes  No  
If "Yes," enter the gross receipts from nonmember sources \$ \_\_\_\_\_

**L** If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required.

**M** Is the organization a Limited Liability Company?  Yes  No

**N** Did the organization file Form 100 or Form 109 to report taxable income?  Yes  No

**O** Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No

**P** Is federal Form 1023/1024 pending?  Yes  No  
Date filed with IRS \_\_\_\_\_

**Part I Complete Part I unless not required to file this form. See General Information B and C.**

<b>Receipts and Revenues</b>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	86,031.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received <b>STMT 1</b>	3	345,754.00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	431,785.00
	5	Cost of goods sold	5	00
	6	Cost or other basis, and sales expenses of assets sold	6	00
	7	Total costs. Add line 5 and line 6	7	00
	8	Total gross income. Subtract line 7 from line 4	8	431,785.00
<b>Expenses</b>	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	411,893.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	19,892.00
<b>Filing Fee</b>	11	Total payments	11	00
	12	Use tax. See General Information K	12	00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13	00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14	00
	15	Filing fee \$10 or \$25. See General Information F	15	10.00
	16	Penalties and Interest. See General Information J	16	00
	17	<b>Balance due.</b> Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	10.00

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: \_\_\_\_\_ Title: **DIRECTOR** Date: \_\_\_\_\_ Telephone: **951-659-6208**

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed:  PTIN: **P00165007**

**Paid Preparer's Use Only**

Firm's name (or yours, if self-employed) and address: **ROGERS, ANDERSON, MALODY & SCOTT, LLP** Telephone: **95-2662063**  
**735 E. CARNEGIE DRIVE, SUITE 100**  
**SAN BERNARDINO, CA 92408** Telephone: **(909) 889-0871**

May the FTB discuss this return with the preparer shown above? See instructions  Yes  No

**Part II** Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

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<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	•	1	00
	2	Interest	•	2	7. 00
	3	Dividends	•	3	00
	4	Gross rents	•	4	00
	5	Gross royalties	•	5	00
	6	Gross amount received from sale of assets (See Instructions)	•	6	00
	7	Other income	•	7	86,024. 00
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	86,031. 00
	9	Contributions, gifts, grants, and similar amounts paid	•	9	00
	10	Disbursements to or for members	•	10	00
	11	Compensation of officers, directors, and trustees	•	11	0. 00
	12	Other salaries and wages	•	12	66,335. 00
	13	Interest	•	13	00
	14	Taxes	•	14	4,716. 00
	15	Rents	•	15	2,400. 00
	16	Depreciation and depletion (See instructions)	•	16	343. 00
	17	Other Expenses and Disbursements	•	17	338,099. 00
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	411,893. 00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash		113,986.		163,242.
2 Net accounts receivable				
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments				
10 a Depreciable assets	54,512.		54,512.	
b Less accumulated depreciation	( 53,034. )	1,478.	( 53,377. )	1,135.
11 Land				
12 Other assets	STMT 5	78,254.		53,629.
13 <b>Total assets</b>		193,718.		218,006.
<b>Liabilities and net worth</b>				
14 Accounts payable		6,295.		12,177.
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities	STMT 6	3,425.		1,939.
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		183,998.		203,890.
22 <b>Total liabilities and net worth</b>		193,718.		218,006.

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1	Net income per books	•	19,892.
2	Federal income tax	•	
3	Excess of capital losses over capital gains	•	
4	Income not recorded on books this year	•	
5	Expenses recorded on books this year not deducted in this return	•	
6	<b>Total.</b> Add line 1 through line 5	•	19,892.
7	Income recorded on books this year not included in this return	•	
8	Deductions in this return not charged against book income this year	•	
9	<b>Total.</b> Add line 7 and line 8	•	
10	<b>Net income per return.</b> Subtract line 9 from line 6	•	19,892.

CA 199

CASH CONTRIBUTIONS  
INCLUDED ON PART I, LINE 3

STATEMENT 1

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>	<u>DATE OF GIFT</u>	<u>AMOUNT</u>
COMMUNITY WILDFIRE PROTECTION PLAN	3200 INLAND EMPIRE BLVD, STE. 230 ONTARIO, CA 91764	06/30/17	38,920.
CAL FIRE FUELS REDUCTION	1416 9TH STREET SACRAMENTO , CA 95814	06/30/17	98,885.
CAL FIRE DEAD & DYING TREE REMOVAL	1416 9TH STREET SACRAMENTO , CA 95814	06/30/17	80,655.
PREPARED MOUNTAIN COMMUNITIES (CALIFORNIA FIRE SAFE)	3200 INLAND EMPIRE BLVD, STE. 230 ONTARIO, CA 91764	06/30/17	83,600.
TOTAL INCLUDED ON LINE 3			<u>302,060.</u>

CA 199

OTHER INCOME

STATEMENT 2

<u>DESCRIPTION</u>	<u>AMOUNT</u>
ABATEMENT COST-SHARING	86,024.
TOTAL TO FORM 199, PART II, LINE 7	<u>86,024.</u>

CA 199

COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES

STATEMENT 3

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HRS WORKED/WK</u>	<u>COMPENSATION</u>
NORM WALKER PO BOX 507 IDYLLWILD, CA 92549-0507	PRESIDENT 2.00	0.
RON PERRY PO BOX 507 IDYLLWILD, CA 92549-0507	1ST VICE PRESIDENT 2.00	0.
LARRY KUENEMAN PO BOX 507 IDYLLWILD, CA 92549-0507	2ND VICE PRESIDENT 2.00	0.
MARVIN SPREYNE PO BOX 507 IDYLLWILD, CA 92549-0507	SECRETARY 2.00	0.
JERRY HOLLDBER PO BOX 507 IDYLLWILD, CA 92549-0507	TREASURER 2.00	0.
RAY BARMORE PO BOX 507 IDYLLWILD, CA 92549-0507	DIRECTOR 1.00	0.
CHRIS KRAMER PO BOX 507 IDYLLWILD, CA 92549-0507	DIRECTOR 1.00	0.
DORIS LOMBARD PO BOX 507 IDYLLWILD, CA 92549-0507	DIRECTOR 1.00	0.

TOTAL TO FORM 199, PART II, LINE 11

0.

CA 199	OTHER EXPENSES	STATEMENT 4
DESCRIPTION		AMOUNT
FUEL REDUCTION PROGRAM		277,416.
ABATEMENT MATERIAL COST		16,450.
EDUCATIONAL SUPPLIES		7,320.
DUES & SUBSCRIPTIONS		4,459.
LEGAL FEES		85.
ACCOUNTING FEES		13,070.
OFFICE EXPENSES		4,553.
TRAVEL		2,337.
INSURANCE		4,456.
ALL OTHER EXPENSES		7,953.
TOTAL TO FORM 199, PART II, LINE 17		338,099.

CA 199	OTHER ASSETS	STATEMENT 5
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	78,254.	53,429.
PREPAID EXPENSES AND DEFERRED CHARGES	0.	200.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	78,254.	53,629.

CA 199	OTHER LIABILITIES	STATEMENT 6
DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEFERRED REVENUE	3,425.	1,939.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	3,425.	1,939.

CA 199	FUND BALANCES	STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS	158,970.	178,860.
TEMPORARILY RESTRICTED ASSETS	25,028.	25,030.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	183,998.	203,890.

**Voucher at bottom of page.**

**DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.**  
If the amount of payment is zero, do not mail this voucher.

**WHERE TO FILE:** Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number or FEIN and "2017 FTB 3586" on the check or money order. Detach voucher below. Enclose, but **do not** staple, payment with voucher and mail to:

**FRANCHISE TAX BOARD  
PO BOX 942857  
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

**WHEN TO FILE:** **Corporations - File and Pay by the 15th day of the 4th month following the close of the taxable year.**  
**S corporations - File and Pay by the 15th day of the 3rd month following the close of the taxable year.**  
**Exempt organizations - File and Pay by the 15th day of the 5th month following the close of the taxable year.**

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.  
Due to the federal Emancipation Day holiday on April 16, 2018, tax returns filed and payments mailed or submitted on April 17, 2018, will be considered timely.

**ONLINE SERVICES:** Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to [ftb.ca.gov/pay](http://ftb.ca.gov/pay) for more information.

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--- DETACH HERE --- IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER --- DETACH HERE ---

**CAUTION:** You may be required to pay electronically, see instructions.

TAXABLE YEAR **Payment Voucher for Corporations and Exempt Organizations e-filed Returns**

CALIFORNIA FORM  
**3586 (e-file)**

0000000 MOUN 91-2161820 2287764 17 FORM 3  
TYB 01-01-2017 TYE 12-31-2017  
MOUNTAIN COMMUNITIES FIRE SAFE COUNCIL

PO BOX 507  
IDYLLWILD CA 92549-0507

(951) 659-6208

Amount of Payment 10.

TAXABLE YEAR  
**2017**

# California e-file Return Authorization for Exempt Organizations

FORM  
**8453-EO**

Exempt Organization name	Identifying number
<b>MOUNTAIN COMMUNITIES FIRE SAFE COUNCIL</b>	<b>91-2161820</b>

**Part I Electronic Return Information** (whole dollars only)

<b>1</b> Total gross receipts (Form 199, line 4)	<b>1</b>	<b>431,785.00</b>
<b>2</b> Total gross income (Form 199, line 8)	<b>2</b>	<b>431,785.00</b>
<b>3</b> Total expenses and disbursements (Form 199, line 9)	<b>3</b>	<b>411,893.00</b>

**Part II Settle Your Account Electronically for Taxable Year 2017**

<b>4</b> <input type="checkbox"/> Electronic funds withdrawal	<b>4a</b> Amount	<b>4b</b> Withdrawal date (mm/dd/yyyy)
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**Part III Banking Information** (Have you verified the exempt organization's banking information?)

<b>5</b> Routing number _____	<b>7</b> Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>6</b> Account number _____	

**Part IV Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2017 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

<b>Sign Here</b>			
	Signature of officer	Date	<b>DIRECTOR</b>

**Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.**

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2017 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>ERO</b>	ERO's signature	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN <b>P00165007</b>
<b>Must Sign</b>	Firm's name (or yours if self-employed) and address	<b>ROGERS, ANDERSON, MALODY &amp; SCOTT, LLP</b> <b>735 E. CARNEGIE DRIVE, SUITE 100</b> <b>SAN BERNARDINO, CA</b>			FEIN <b>95-2662063</b> ZIP code <b>92408</b>

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>Paid Preparer</b>	Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
<b>Must Sign</b>	Firm's name (or yours if self-employed) and address	FEIN ZIP code		

**MAIL TO:**  
 Registry of Charitable Trusts  
 P.O. Box 903447  
 Sacramento, CA 94203-4470  
 (916) 210-6400

**WEB SITE ADDRESS:**  
[www.ag.ca.gov/charities/](http://www.ag.ca.gov/charities/)

**ANNUAL  
 REGISTRATION RENEWAL FEE REPORT  
 TO ATTORNEY GENERAL OF CALIFORNIA**

Section 12586 and 12587, California Government Code  
 11 Cal. Code Regs. section 301-307, 311 and 312

Failure to submit this report annually no later than the 15th day of the 5th month after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: <b>CT 120856</b>	Check if: <input type="checkbox"/> Change of address  <input type="checkbox"/> Amended report
<b>MOUNTAIN COMMUNITIES FIRE SAFE COUNCIL</b> <small>Name of Organization</small>	Corporate or Organization No. <b>2287764</b>
<b>PO BOX 507</b> <small>Address (Number and Street)</small>	Federal Employer I.D. No. <b>91-2161820</b>
<b>IDYLLWILD, CA 92549-0507</b> <small>City or Town, State and ZIP Code</small>	

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)  
 Make Check Payable to Attorney General's Registry of Charitable Trusts**

Gross Receipts	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 01/01/2017 ending 12/31/2017 ) list:  
 Gross annual revenue \$ 431,785. Total assets \$ 218,006.

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note:** If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		<b>X</b>
2. During this reporting period, were there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		<b>X</b>
3. During this reporting period, did non-program expenditures exceed 50% of gross revenue?		<b>X</b>
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy. <span style="float:right"><b>SEE STATEMENT 8</b></span>	<b>X</b>	
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		<b>X</b>
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. <span style="float:right"><b>SEE STATEMENT 9</b></span>	<b>X</b>	
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		<b>X</b>
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		<b>X</b>
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	<b>X</b>	

Organization's area code and telephone number **951-659-6208**

Organization's e-mail address \_\_\_\_\_

**I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete.**

**JERRY HOLLDBER**
**DIRECTOR**

Signature of authorized officer
Printed Name
Title
Date



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CA RRF-1

EXPLANATION FOR USE OF ORGANIZATION  
FUNDS TO PAY PENALTIES, FINES OR JUDGMENTS  
PART B, LINE 4

STATEMENT 8

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THE ORGANIZATION PAID \$120.31 PENALTY TO EDD FOR THE DELINQUENT PAYROLL TAX FILING AS A RESULT OF AN OMISSION OF THE FORMER BOOKKEEPER. THE PENALTY WAS REIMBURSED BY THE BOOKKEEPER AND THE ORGANIZATION HAS REPLACED THE BOOKKEEPER. CORRECTIVE ACTION HAS BEEN TAKEN TO ENSURE TIMELY FILING IN THE FUTURE.

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CA RRF-1

INFORMATION REGARDING GOVERNMENT FUNDING  
PART B, LINE 6

STATEMENT 9

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CALIFORNIA FIRE SAFE COUNCIL  
3200 INLAND EMPIRE BLVD, STE 230  
ONTARIO, CA 91764  
STEPHEN GORT, EXECUTIVE DIRECTOR  
(626) 335-7426

CALIFORNIA DEPARTMENT OF FORESTRY AND FIRE PROTECTION  
1416 9TH STREET  
SACRAMENTO, CA 95814  
KEN PIMLOTT, DIRECTOR  
(916) 653-5123